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L.B.F. 3015.1

## UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

| In re: Alyssa Ann Heiland<br>Michael J Heiland   | Case No.: <b>20-12186</b> Chapter 13  |
|--|---|
| Debtor(s)  | Chapter 13  |
|  | Chapter 13 Plan   |
| ☐ Original   |   |
| <b>✓</b> 4th Amended   |   |
| Date: <b>April 20, 2022</b>  |   |
|  | THE DEBTOR HAS FILED FOR RELIEF UNDER<br>CHAPTER 13 OF THE BANKRUPTCY CODE  |
|  | YOUR RIGHTS WILL BE AFFECTED  |
| hearing on the Plan proposed by the Debtor. T carefully and discuss them with your attorney. | parate Notice of the Hearing on Confirmation of Plan, which contains the date of the confirmation This document is the actual Plan proposed by the Debtor to adjust debts. You should read these papers ANYONE WHO WISHES TO OPPOSE ANY PROVISION OF THIS PLAN MUST FILE A the Bankruptcy Rule 3015 and Local Rule 3015-4. This Plan may be confirmed and become binding, |
|  | R TO RECEIVE A DISTRIBUTION UNDER THE PLAN, YOU<br>E A PROOF OF CLAIM BY THE DEADLINE STATED IN THE<br>NOTICE OF MEETING OF CREDITORS.  |
| Part 1: Bankruptcy Rule 3015.1(c) Disclosur  | es  |
| Dlan contains non sta  | undard or additional provisions – see Part 9  |
|  | nt of secured claim(s) based on value of collateral – see Part 4  |
|  | y interest or lien – see Part 4 and/or Part 9   |
| I fail avoids a security   | merest of hen – see Part 4 and/of Part 9  |
| Part 2: Plan Payment, Length and Distribution  | n – PARTS 2(c) & 2(e) MUST BE COMPLETED IN EVERY CASE   |
| § 2(a) Plan payments (For Initial and A  | Amended Plans):   |
| Total Length of Plan: 60 months.   |   |
| Debtor shall pay the Trustee \$  | ne Chapter 13 Trustee ("Trustee") \$ 45,771.76 per month formonths; and then per month for the remaining months.  |
|  | OR  |
|  | Trustee \$ 19,504.92 through month number 24 and then shall pay the Trustee emaining 36 months.   |
| Other changes in the scheduled plan p  | payment are set forth in § 2(d)   |
| <b>§ 2(b)</b> Debtor shall make plan payments (when funds are available, if known):          | to the Trustee from the following sources in addition to future wages (Describe source, amount and date   |

 $\S~2(c)$  Alternative treatment of secured claims:

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| Debtor       |                           | Alyssa Ann Heiland<br>Michael J Heiland  |   |   | Case number                            | 20-12186                   |  |                                    |
|--------------|---------------------------|--|---|---|--|----------------------------|--|------------------------------------|
|              | ✓ No                      | one. If "None" is checked  | I, the rest of § 2(c) need                                  | not be completed.   |  |                            |  |                                    |
|              |                           | le of real property<br>7(c) below for detailed d   | escription  |   |  |                            |  |                                    |
|              |                           | oan modification with re<br>4(f) below for detailed do   |   | umbering property:  |  |                            |  |                                    |
| § 2(         | d) Oth                    | er information that may  | y be important relatin                                      | g to the payment and le                                       | ength of Plan:                         |                            |  |                                    |
| § 2(         | e) Esti                   | mated Distribution   |   |   |  |                            |  |                                    |
|              | A.                        | Total Priority Claims (  | Part 3)   |   |  |                            |  |                                    |
|              |                           | 1. Unpaid attorney's fe  | ees   | \$  | (Paid \$3                              | 3,685.00)                  | 5,435.00                                   |                                    |
|              |                           | 2. Unpaid attorney's co  | ost   | \$  |  |                            | 0.00                                       |                                    |
|              |                           | 3. Other priority claim  | s (e.g., priority taxes)                                    | \$  |  |                            | 0.00                                       |                                    |
|              | B.                        | Total distribution to cu   | re defaults (§ 4(b))  | \$  |  |                            | 0.00                                       |                                    |
|              | C.                        | Total distribution on se   | ecured claims (§§ 4(c) &                                    | ¢(d))   |  |                            | 0.00                                       |                                    |
|              | D.                        | Total distribution on g  | eneral unsecured claim                                      | s (Part 5) \$   | (Paid \$                               | 15,635.11)                 | 35,759.59                                  |                                    |
|              |                           |  | Subtotal  | \$  |  | 41                         | ,194.59                                    |                                    |
|              | E. Estimated Trustee's Co |  | ommission   | \$  |  | 4,577.17                   |  |                                    |
|              | F.                        | Base Amount  |   | \$  |  | 45                         | 5,771.76                                   |                                    |
| <b>§2</b> (1 | f) Allo                   | wance of Compensation  | Pursuant to L.B.R. 2  | 016-3(a)(2)   |  |                            |  |                                    |
| ompens       | s accuration is an sha    | c checking this box, Debrate, qualifies counsel to in the total amount of \$_{\text{ll}} \text{ll constitute allowance of Claims  Except as provided in \$_{\text{ll}} \text{ll} \ | receive compensatior with the Trustee f the requested compe | pursuant to L.B.R. 20<br>distributing to counsel<br>insation. | 16-3(a)(2), and re<br>the amount state | equests this (d in §2(e)A. | Court approve cour<br>1. of the Plan. Conf | nsel's<br>firmation                |
| Credito      |                           |  | Claim Number  | Type of Priority  |  | ınt to be Pai              | d by Trustee                               |                                    |
| David V      | W. Tid                    | d 88203  |   | Attorney's Fees   |  |                            |  | 5,435.00<br>3,685.00,<br>emaining) |
|              | § 3(b)                    | ) Domestic Support obli  | gations assigned or ow                                      | red to a governmental u                                       | nit and paid less                      | than full an               | nount.                                     |                                    |
|              | <b>✓</b>                  | None. If "None" is ch  | necked, the rest of § 3(b                                   | ) need not be completed                                       | or reproduced.                         |                            |  |                                    |
|              |                           |  |   |   |  |                            |  |                                    |
| Part 4: S    | Secured                   | l Claims   |   |   |  |                            |  |                                    |
|              | § 4(a)                    | ) Secured Claims Recei   | iving No Distribution                                       | from the Trustee:   |  |                            |  |                                    |
|              |                           |  | _   | ) need not be completed.                                      |  |                            |  |                                    |

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| Debtor  | Alyssa Ann Heiland<br>Michael J Heiland   |   | Case number <b>20-12186</b>  |  |  |  |
|---|---|---|--|--|--|--|
| Creditor  | <del>.</del>  | Claim<br>Number   | Secured Property   |  |  |  |
| distributi<br>governed  | ecked, the creditor(s) listed below will receive no ion from the trustee and the parties' rights will be it by agreement of the parties and applicable ruptcy law.                        | Claim 15-1  | 54 Proudfoot Dr. Birdsboro, PA 19508 Berks County  |  |  |  |
| If checked, the creditor(s) listed below will receive no distribution from the trustee and the parties' rights will be governed by agreement of the parties and applicable nonbankruptcy law. |   | Claim 14-1  | 2008 Toyota Sienna   |  |  |  |
| ✓ If che distributi governed nonbankı   | ecked, the creditor(s) listed below will receive no on from the trustee and the parties' rights will be a by agreement of the parties and applicable ruptcy law.  ized Loan Servicing LLC | Claim 6-1   | 54 Proudfoot Dr. Birdsboro, PA 19508 Berks County  |  |  |  |
|   | § 4(b) Curing default and maintaining payment   | ts  |  |  |  |  |
|   | None. If "None" is checked, the rest of §   |   | completed or reproduced.   |  |  |  |
|   | § 4(c) Allowed Secured Claims to be paid in full<br>y of the claim  | l: based on proof   | f of claim or pre-confirmation determination of the amount, extent                       |  |  |  |
|   | None. If "None" is checked, the rest of §   | 4(c) need not be  | completed or reproduced.   |  |  |  |
|   | § 4(d) Allowed secured claims to be paid in full  | d) Allowed secured claims to be paid in full that are excluded from 11 U.S.C. § 506 |  |  |  |  |
|   | None. If "None" is checked, the rest of §   | <b>None</b> . If "None" is checked, the rest of § 4(d) need not be completed.       |  |  |  |  |
|   | § 4(e) Surrender  |   |  |  |  |  |
|   | None. If "None" is checked, the rest of §   | 4(e) need not be  | completed.   |  |  |  |
|   | § 4(f) Loan Modification  |   |  |  |  |  |
|   | None. If "None" is checked, the rest of § 4(f) n  | need not be compl   | eted.  |  |  |  |
| Part 5:Ge   | eneral Unsecured Claims   |   |  |  |  |  |
|   | § 5(a) Separately classified allowed unsecured n  | non-priority clain  | ms   |  |  |  |
|   | None. If "None" is checked, the rest of §   | 5(a) need not be  | completed.   |  |  |  |
|   | § 5(b) Timely filed unsecured non-priority claim  | ns  |  |  |  |  |
|   | (1) Liquidation Test (check one box)  |   |  |  |  |  |
|   | ✓ All Debtor(s) property is cl  | laimed as exempt  |  |  |  |  |
|   |   |   | t \$ for purposes of § 1325(a)(4) and plan provides for and unsecured general creditors. |  |  |  |
|   | (2) Funding: § 5(b) claims to be paid as  | follow <b>s (check o</b>  | ne box):   |  |  |  |
|   | ✔ Pro rata  |   |  |  |  |  |
|   | <u> </u>  |   |  |  |  |  |
|   | Other (Describe)  |   |  |  |  |  |

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## UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

| In re: Alyssa Ann Hei<br>Michael J Heiland             | Case No.: 20-12186<br>Chapter 13  |
|--|---|
| Michael o Henand                                       | Debtor(s)   |
|  | Chapter 13 Plan   |
| Original   |   |
| <b>✓</b> 4th Amended                                   |   |
| Date: <b>April 20, 2022</b>                            |   |
|  | THE DEBTOR HAS FILED FOR RELIEF UNDER CHAPTER 13 OF THE BANKRUPTCY CODE   |
|  | YOUR RIGHTS WILL BE AFFECTED  |
| hearing on the Plan prop-<br>carefully and discuss the | d from the court a separate Notice of the Hearing on Confirmation of Plan, which contains the date of the confirmation osed by the Debtor. This document is the actual Plan proposed by the Debtor to adjust debts. You should read these papers m with your attorney. ANYONE WHO WISHES TO OPPOSE ANY PROVISION OF THIS PLAN MUST FILE A ON in accordance with Bankruptcy Rule 3015 and Local Rule 3015-4. This Plan may be confirmed and become binding, on is filed. |
|  | IN ORDER TO RECEIVE A DISTRIBUTION UNDER THE PLAN, YOU MUST FILE A PROOF OF CLAIM BY THE DEADLINE STATED IN THE NOTICE OF MEETING OF CREDITORS.   |
| Part 1: Bankruptcy Rule                                | 3015.1(c) Disclosures   |
|  | Plan contains non-standard or additional provisions – see Part 9  |
|  | Plan limits the amount of secured claim(s) based on value of collateral – see Part 4  |
|  | Plan avoids a security interest or lien – see Part 4 and/or Part 9  |
|  |   |
| Part 2: Plan Payment, L                                | ength and Distribution – PARTS 2(c) & 2(e) MUST BE COMPLETED IN EVERY CASE  |
| § 2(a) Plan paymer                                     | nts (For Initial and Amended Plans):  |
| Total Length   | of Plan: <u>60</u> months.  |
| Debtor shall pa  | nount to be paid to the Chapter 13 Trustee ("Trustee") \$ 45,771.76  by the Trustee \$ per month formonths; and then by the Trustee \$ per month for the remaining months.  |
|  | OR  |
| Debtor shall ha \$ 730.00                              | ave already paid the Trustee \$ <b>19,504.92</b> through month number _ <b>_24</b> and then shall pay the Trusteeper month for the remaining months.  |
| Other changes in                                       | n the scheduled plan payment are set forth in § 2(d)  |
| § 2(b) Debtor shall when funds are available           | make plan payments to the Trustee from the following sources in addition to future wages (Describe source, amount and date a, if known):  |

 $\S~2(c)$  Alternative treatment of secured claims:

## Case 20-12186-pmm Doc 54 Filed 04/20/22 Entered 04/20/22 23:17:15 Desc Main Document Page 5 of 5

| Debtor       |                           | Alyssa Ann Heiland<br>Michael J Heiland  |   |   | Case number                            | 20-12186                   |  |                                    |
|--------------|---------------------------|--|---|---|--|----------------------------|--|------------------------------------|
|              | ✓ No                      | one. If "None" is checked  | I, the rest of § 2(c) need                                  | not be completed.   |  |                            |  |                                    |
|              |                           | le of real property<br>7(c) below for detailed d   | escription  |   |  |                            |  |                                    |
|              |                           | oan modification with re<br>4(f) below for detailed do   |   | umbering property:  |  |                            |  |                                    |
| § 2(         | d) Oth                    | er information that may  | y be important relatin                                      | g to the payment and le                                       | ength of Plan:                         |                            |  |                                    |
| § 2(         | e) Esti                   | mated Distribution   |   |   |  |                            |  |                                    |
|              | A.                        | Total Priority Claims (  | Part 3)   |   |  |                            |  |                                    |
|              |                           | 1. Unpaid attorney's fe  | ees   | \$  | (Paid \$3                              | 3,685.00)                  | 5,435.00                                   |                                    |
|              |                           | 2. Unpaid attorney's co  | ost   | \$  |  |                            | 0.00                                       |                                    |
|              |                           | 3. Other priority claim  | s (e.g., priority taxes)                                    | \$  |  |                            | 0.00                                       |                                    |
|              | B.                        | Total distribution to cu   | re defaults (§ 4(b))  | \$  |  |                            | 0.00                                       |                                    |
|              | C.                        | Total distribution on se   | ecured claims (§§ 4(c) &                                    | ¢(d))   |  |                            | 0.00                                       |                                    |
|              | D.                        | Total distribution on g  | eneral unsecured claim                                      | s (Part 5) \$   | (Paid \$                               | 15,635.11)                 | 35,759.59                                  |                                    |
|              |                           |  | Subtotal  | \$  |  | 41                         | ,194.59                                    |                                    |
|              | E. Estimated Trustee's Co |  | ommission   | \$  |  | 4,577.17                   |  |                                    |
|              | F.                        | Base Amount  |   | \$  |  | 45                         | 5,771.76                                   |                                    |
| <b>§2</b> (1 | f) Allo                   | wance of Compensation  | Pursuant to L.B.R. 2  | 016-3(a)(2)   |  |                            |  |                                    |
| ompens       | s accuration is an sha    | c checking this box, Debrate, qualifies counsel to in the total amount of \$_{\text{ll}} \text{ll constitute allowance of Claims  Except as provided in \$_{\text{ll}} \text{ll} \ | receive compensatior with the Trustee f the requested compe | pursuant to L.B.R. 20<br>distributing to counsel<br>insation. | 16-3(a)(2), and re<br>the amount state | equests this (d in §2(e)A. | Court approve cour<br>1. of the Plan. Conf | nsel's<br>firmation                |
| Credito      |                           |  | Claim Number  | Type of Priority  |  | ınt to be Pai              | d by Trustee                               |                                    |
| David V      | W. Tid                    | d 88203  |   | Attorney's Fees   |  |                            |  | 5,435.00<br>3,685.00,<br>emaining) |
|              | § 3(b)                    | ) Domestic Support obli  | gations assigned or ow                                      | red to a governmental u                                       | nit and paid less                      | than full an               | nount.                                     |                                    |
|              | <b>✓</b>                  | None. If "None" is ch  | necked, the rest of § 3(b                                   | ) need not be completed                                       | or reproduced.                         |                            |  |                                    |
|              |                           |  |   |   |  |                            |  |                                    |
| Part 4: S    | Secured                   | l Claims   |   |   |  |                            |  |                                    |
|              | § 4(a)                    | ) Secured Claims Recei   | iving No Distribution                                       | from the Trustee:   |  |                            |  |                                    |
|              |                           |  | _   | ) need not be completed.                                      |  |                            |  |                                    |